**PATIENT**

Beau Libby

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 years, 5 mos

WEIGHT

9.6 lbs

INTERPRETED BY

Andrea Nicastro, DMV,
 Diplomate DACVIM
 (Small Animal
 Internal Medicine)

IMAGING PERFORMED BY

Potomac Mobile
 Veterinary Ultrasound

HOSPITAL NAME

Greenbriar VH

REFERRING VET

Dr. Cathy Jarrett

INVOICE

10751

DATE

4/14/22

PRESENTING CLINICAL SIGNS

History: Rapid onset and progression of diabetes with difficulty regulating and continuation of symptoms including increased thirst, appetite, polyphagia, and weight loss. Getting Purina DM and insulin (Lantus 2 u BID). Cat is not a good candidate for BG curve. He removed CGM at home 3 days after application, creating skin scar.

Abnormal PE/Chem/CBC/UA Results: 2/21/220 BG 464, mild decrease platelets (clumping), Mild decrease in percentage of lymphocytes. Fructosamine 510. 4/8/22- fructosamine 489 after 3 weeks of lantus 1 U BID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is mildly enlarged (4.54 cm in length); with a slightly irregular shape. The cortex is diffusely thickened. There is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is mildly enlarged (4.75 cm in length); with a slightly irregular shape. The cortex is diffusely thickened. There is mild to moderate loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged with a rounded shape. There is normal glandular echogenicity and detail. No focal lesions are observed. Surrounding vasculature is normal.

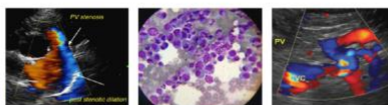
The right adrenal gland is normal size (0.96 cm length: 0.43 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal mildly enlarged (1.04 cm in width at the level of the hilus) with slightly swollen peripheral contours. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and

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common bile ducts are normal/not seen. The portal vein to caudal vena cava ratio is approximately 1:1.

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The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal**BREED**

DSH

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to moderately thickened (up to 0.36 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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Pancreas**AGE**

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The pancreas is diffusely visible/prominent in size, particularly the left limb. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen**WEIGHT**

9.6 lbs

There is no evidence of free fluid. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.05 cm in length. The nodes are normal in shape and echogenicity.

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

Primary Findings

- The mild splenomegaly may be secondary to antigenic stimulation, lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia (less likely), or acromegaly.
- The hepatic parenchymal changes are likely secondary to diabetes mellites. However, other pathology (i.e., hepatic lipidosis, inflammatory disease, infiltrative neoplasia (less likely)), are also possible.
- The bilateral renomegaly may be secondary to acromegaly, chronic interstitial nephritis/nephrosis or infiltrative disease. Correlation with clinical findings is recommended.
- Bowel pattern consistent with inflammatory bowel disease with some potential or emerging lymphoma.

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Secondary Findings

- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The left adrenomegaly may be secondary hyperplasia, stress, or less likely, emerging neoplasia.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis.

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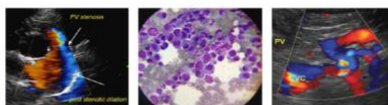
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**DATE**

4/14/22

Given the history of poorly regulated diabetes, consider the following:



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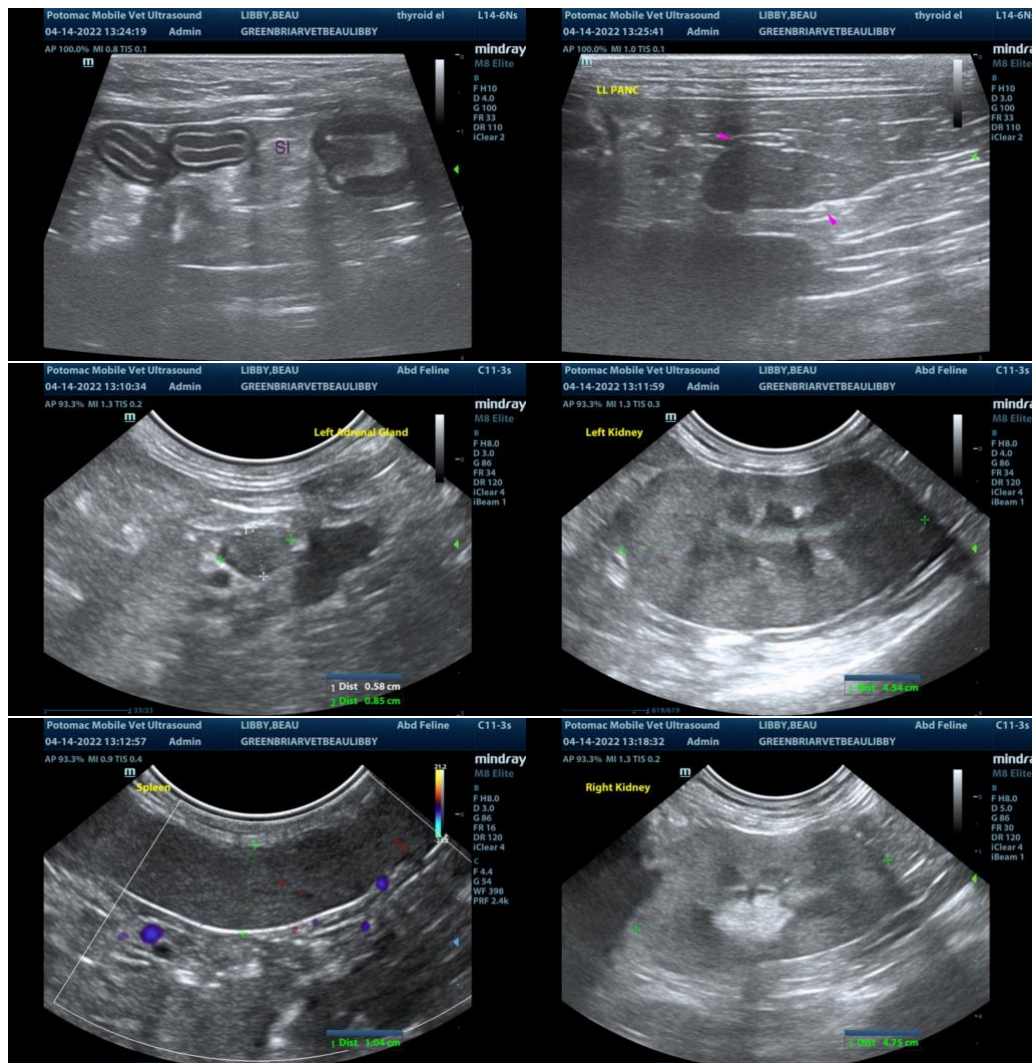
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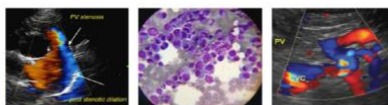
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1. Urine culture and sensitivity
2. GI panel (send to Texas A&M)
3. Insulin-like growth factor level to assess for acromegaly
4. Three-view thoracic radiographs to assess for occult disease in the chest
5. +/- fine-needle aspirate of the spleen (if clotting status is appropriate)
6. Consider testing for Cushing's disease (i.e., low-dose dexamethasone suppression test). It should be noted that the dose of dexamethasone used for this test in cats is 10 times higher than that for dogs.





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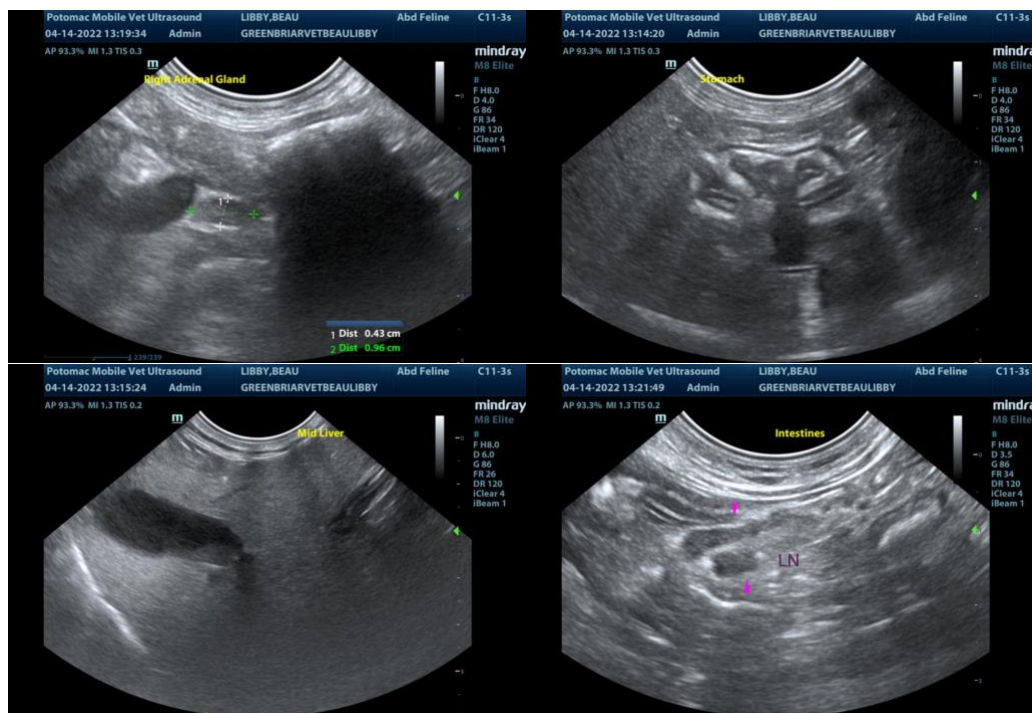
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com